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ATTENTION HOSPICE PROVIDERS:

The federal rules governing the Hospice Program provides that an additional amount is paid to the hospice on behalf of an individual residing in a nursing facility. This amount must equal at least 95% of the per diem rate that the Medicaid Agency would have paid to that nursing facility for the individual in that facility. For example, if you have three (3) individuals receiving hospice services through your Agency that are each residing in a different nursing facility, you should bill the room and board for each individual based upon 95% of **that** facility's per diem rate. If the per diem rate for the facility is \$135.00, you should bill the room and board at \$128.25.

If you are not aware of what the nursing facility per diem rate is, you should first request this information directly from the nursing facility. If you are unable to obtain this information from the nursing facility, you may request this information in writing from the Alabama Medicaid Agency, LTC Program Management Unit, 501 Dexter Ave., Montgomery, AL 36103-5624, or fax to (334) 353-5536. Below is a sample letter for you to recreate in requesting this information.

LTC Program Management Unit
501 Dexter Avenue
Montgomery, Alabama 36103-5624
FAX #: (334) 353-5536

Requesting Hospice Provider: _____

Hospice Provider #: _____

Contact Person's Name: _____

Hospice Provider Telephone #: _____

Hospice Provider Fax # _____

Under the Freedom of Information Act, I am requesting the rate(s) for the following nursing facility(s). I have made efforts to obtain this information from the nursing facility, but was unable to do so.

Nursing Facility

Address

Do you now provide Hospice
services to individuals in this
facility?
Yes or No

Received AMA: _____

Returned by Fax on: _____

Signature: _____

April 5, 2002